Department of Labor and Industries Electrical Licensing & Certification PO Box 44460 Olympia, WA 98504-4460 www.Lni.wa.gov/scs/electrical



## APPLICATION FOR APPLICATION FOR ELECTRICIAN EXAMINATION OR RECIPROCAL ELECTRICIAN CERTIFICATE

Attached is the state of Washington application for the journeyman or specialty electrician's certificate examination or for a reciprocal electrician certificate. To avoid delays in the processing of your application, please ensure that you have included all of the items on the checklist provided below: (Applications received without all the information will be denied.)

nclude	ed all of the items on the checklist provided below: (Applications received without all the information will be denied.)
	Complete the entire application including the work history portion.
	Date and sign the application in the Applicant's Signature block.
	Include the \$73.30 fee. Make checks payable to: Department of Labor and Industries
	Supply original Affidavits of Experience, unless already on file with the department.

## **NOTES:**

- Verification of your experience must be submitted on the **Affidavits of Experience** form and must be **notarized**. The Affidavits of Experience form must be completed by:
  - An authorized representative for the electrical contractor; or
  - Your Training Director if you are enrolled in a formal apprenticeship program.

See RCW 19.28 and WAC 296-46B for additional information on qualifying for the Washington electrician examination.

- To be accepted, all experience must have been legally obtained under the requirements of RCW 19.28, or as required in the state where the electrical work was performed.
- No self-verification of electrical training experience will be accepted.
- Washington hours will not be credited if you did not have a current electrical training certificate. RCW 19.28 is very clear that you must have an electrical training certificate to learn the electrical trade.
- All General Journeyman applicants must have 8,000 hours of experience with at least 4,000 of that being in new commercial/industrial installation.
- All Specialty Electrician applicants must have 4,000 hours of experience in the appropriate specialty.
- Reciprocal Applications: You must submit a copy of your current Idaho, Alaska, Utah, Colorado, Wyoming, Montana, North Dakota, South Dakota, Nebraska, Minnesota, or Massachusetts electrician's certificate.
  - The reciprocal agreement is limited to the (01) general journeyman electrician in all states except Idaho, which also includes the JLE—(06) Limited Energy and the (04) Sign specialty electrician.
- You will be notified by mail if your application is approved or denied. If your application is approved the department will mail your approval letter with the contact information for the exam contractor. A separate fee for the electrical examination must be paid directly to the exam contractor. You will be responsible for scheduling your examination with the exam contractor. You can obtain information to study for the examination on the electrical website under Exam Information.
- Allow at least 4 weeks processing time under normal circumstances.
- Once you successfully pass the examination or get approved for a reciprocal certificate the department will mail your certificate to you within approximately 4 weeks.
- You must keep your electrical training certificate current until you pass the examination. If you take and pass a specialty electrician examination, you will also need to maintain your electrical training certificate, if you work outside the scope of that specialty. (Example: You have a residential electrician certificate but you want to work on a commercial job; you must have an electrical training certificate and work under the proper supervision.)

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE TUMWATER OFFICE AT (360) 902-5269.

MAIL APPLICATION AND FEE TO: **Department of Labor and Industries Electrical Licensing & Certification** PO Box 44460 Olympia, WA 98504-4460 www.Lni.wa.gov/scs/electrical



## **APPLICATION FOR ELECTRICIAN EXAMINATION** RECIPROCAL ELECTRICIAN **CERTIFICATE**

ENCLOSE A CHECK OR MONEY ORDER PAYABLE TO: Department of Labor and Industries FEE: \$73.30												
NOTE: A separate fee for administering the examination must be paid directly to the exam contractor.												
Name (Last name, first name, middle initial)	Birth Date											
Mailing Address	Social Securi	Social Security Number										
City	State	Zip Code	Daytime Pho	ne (Include area code)								
I am applying for: Electrician Examination												
Reciprocal Electrician Certificate												
I am applying for the certificate type checked below:			ork details)									
(01) General Journeyman   (06A) HVAC/refrigeration Limited Energy System   (02) Residential   (07) Nonresidential Maintenance   (03) Pump and Irrigation   (07A) Nonresidential Lighting Maintenance and Retrofit   (03A) Domestic Well   (07B) Residential Maintenance   (04) Signs   (10) Door, Gate, and Similar Systems   (06) Limited Energy System   (10) Door, Gate, and Similar Systems   Yes   No   Is this your first application for an electrician exam or reciprocal certificate with this agency?   Yes   No   No   Are all of your Affidavits of Experience already on file with the department?   Yes, then you do not have to submit additional affidavits of experience.   No, then you must submit additional affidavits of experience.   All applications and documents submitted must be originals and become the property of the department.   To qualify for a specialty exam you must provide 2 years (4000 hours) of electrical installation experience with a minimum of 2 years (4000 hours) in new commercial/industrial electrical installation.												
Employment History: Name of employer		nte	Date									
nume of employer		om:	To:									
Address:	Ci	ty	State	Zip Code								
Position—Job Duties												
Name of employer		nte com:	Date To:									
Address:	Ci	ty	State	Zip Code								
Position—Job Duties												
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct:												
Date: Applicant's Signature:												
ı												
Approved?												

No

E□ R□

Yes

Reason Code

Cross-ref. with prev. certificate #:

A/C

Update hours?

Initials

Date

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## **AFFIDAVIT OF EXPERIENCE**

(Time frame can not exceed 12 months per affidavit)

www.biii.we	I,							
affium an		luthorized Electrical (	Contra	ctor's Representative or ap	pproved Training Director			
has worke		name of trainee			raining Certificate or Social electrical construct			
	PRINT name of company or training pr	ogram UI	BI or li	cense number				
from	/ / to _ /	/		under the direct s	supervision of a CEI	RTIFIED		
	Month Day Year Month  an or specialty electrician in the catego	Day Year rv indicated be		for the number of	hours shown.			
<ul><li>See Wasubmit</li><li>Work i</li><li>All specification</li></ul>	AC 296-46B-920 for details on scope-of-work ted in the proper category. Time frame can no in the (01) (General) category requires superv ecialties require supervision by a certified elec-	in the electrical set exceed 12 mont ision by a (01) journal of the extraction in the appropriate the extraction in the electrical in the	speci hs pe irney copria	alties. All training ho r affidavit. man electrician in a c	one-to-one ratio.			
Hours	Category	Hou	rs	Category				
	(01) (General) Commercial/New Indus	trial	(06) Limited Energy System					
	(02) Residential Specialty			(06A) HVAC/refrigeration Limited Energy				
	(03) Pump and Irrigation		(07) Nonresidential Maintenance					
	(03A) Domestic Well			(07A) Nonresidential Lighting Maintenance				
	(04) Signs		(07B) Residential Maintenance					
	(05) Domestic Appliances		(10) Door, Gate, and Similar Systems					
Date:	er 19.28 RCW and chapter 296-46B WAC Signature of Authori				or approved Training			
	SIGNA	TURE MUST BE N	OTAR	IZED				
		SUBSCRIBED A	ND SW	ORN TO BEFORE ME THIS	MY COMMISSION EXPIRES C	N:		
	NOTARY	DATE:						
	SEAL	NOTARY PUBLI	C IN AN	D FOR THE STATE OF:	RESIDING AT:			
NOTARY SIGNA	TURE							
hours be c	ertify that the statements on this affidavit a redited to my electrical training file. I ackn s from my total training hours, if I make a Signature of Applica	owledge that the false statement o	depa	rtment may deny th	nis affidavit and subtr	act up to		
	SIGNA	TURE MUST BE N	OTAR	IZED				
		SUBSCRIBED A	ND SW	ORN TO BEFORE ME THIS	MY COMMISSION EXPIRES C	N:		
	NOTARY	DATE:						
	SEAL	NOTARY PUBLI	C IN AN	ID FOR THE STATE OF:	RESIDING AT:			
Approved:		ose: /		/				
Approveu	Yes No Reason Code La	From		To A/C	Initials	Date		